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ORIGINAL

FILED
HARRISBURG

JUL 19 2001

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

MARY E. D'ANDREA, CLERK
Per _____
DEPUTY CLERK

KIM SMITH,

Plaintiff,

v.

JAMES MORGAN, et al.,

Defendants.

Civil Action No. 1:01-0817

(Judge Caldwell)

(Magistrate Judge Mannion)

**RESPONSE OF THE SECRETARY'S
OFFICE OF INMATE GRIEVANCES AND APPEALS**

The following information is provided in response to the Order of Magistrate Judge Malachy E. Mannion to serve upon the Court and the Plaintiff any and all information relating to the Plaintiff's exhaustion of administrative remedies concerning the following grievances.

- 1.) The Order listed the following grievances from SCI-Coal Township:

0062-01, 0071-01, 0072-01, 250-01, 282-01, 0108-01, 0062-01 and 0342-01.

Grievance Number 0062-01 – in process, grievance referred to Health Care on June 7, 2001. Copy of documentation attached.

Grievance Number 0071-01 – in process, rejection letter sent to inmate on February 26, 2001 requesting supporting documentation. Inmate has not responded to letter. Copy of documentation attached.

Grievance Number 0072-01 – in process, rejection letter sent to inmate on February 26, 2001 requesting supporting documentation. Inmate has not responded to letter. Copy of documentation attached.

Grievance Number 250-01 – in process, rejection letter sent to inmate on May 16, 2001 requesting supporting documentation. Inmate has not responded to letter. Copy of documentation attached.

Grievance Number 282-01 – in process, rejection letter sent to inmate on May 31, 2001 requesting supporting documentation. Inmate has not responded to letter. Copy of documentation attached.

Grievance Number 0108-01 – in process, grievance referred to Health Care on June 7, 2001. Copy of documentation attached.

Grievance Number 0342-01 – grievance received on May 11, 2001. Documentation does not exist as it is currently being reviewed for processing.

- 2.) The Order listed the following grievances from SCI-Smithfield:

353-01, 417-00, 413-00, 353-00, 032-00, 326-98, 419-98, 030-00.

Grievance Number 353-01 – grievance number assigned to an inmate's grievance other than Kim Smith.

Grievance Number 417-00 – appealed to final review, response letter attached.

Grievance Number 413-00 – appealed to final review, response letter attached.

Grievance Number 0353-00 – appealed to final review, response letter attached.

Grievance Number 032-00 – grievance number does not exist. Copy of documentation attached for grievance Number 032-01.

Grievance Number 326-98 – grievance sent back to inmate Smith. Copy of documentation attached.

Grievance Number 419-98 – appealed to final review, response letter attached.

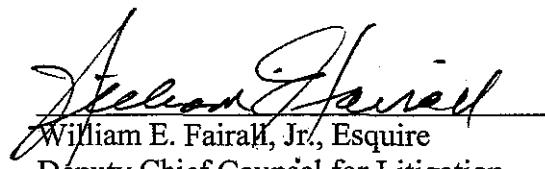
Grievance Number 030-00 – appealed to final review, response letter attached.

- 3.) Plaintiff requested information relating to any grievances from SCI-Camp Hill.

The previous tracking system used at SCI-Camp Hill indicates that Inmate Smith did not file any grievances during the time period from April 27, 1995 through July 7, 1995.

- 4.) Copies of relevant documents relating to each of the above grievances are attached as Exhibit A. Each and every one of these documents has previously been provided to Inmate Smith.
- 5.) This case has not as yet been delegated or assigned by the Office of Attorney General.

Respectfully submitted,



William E. Fairall, Jr., Esquire
Deputy Chief Counsel for Litigation
Attorney I.D. No. 20840

Pa. Department of Corrections •
55 Utley Drive
Camp Hill, Pa 17011
(717) 731-0444

Dated: July 18, 2001

TAB - 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

June 7, 2001

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 – Final Review

~~Grievance Nos. COA-0082-01 and COA-0105-01~~

Dear Mr. Smith:

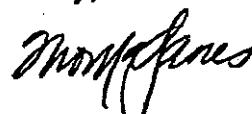
This is to acknowledge receipt of your appeal to final review of the above numbered grievances.

In accordance with the provisions of DC-ADM 804, effective January 1, 2001, I have reviewed the entire record of these grievances; including your initial grievance, the grievance officer's response, your appeal from initial review and the superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to refer these grievances to the Bureau of Health Care Services for review. Upon completion of this review, I will then complete final review of your grievances and provide you with a written response.

This letter is to advise you that final review will be delayed pending review by the Bureau of Health Care Services.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ/kp

cc: Superintendent Gillis

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

February 26, 2001

Kim Smith, CT-2162
SCI Coal Township

Re: Final Review
COA-0071, 0072-01

Dear Mr. Smith:

This is to acknowledge receipt of your letter to this office. Upon review of your letter, it is the decision of this office to file your letter without action because you have failed to comply with the provision(s) of the revised DC ADM 804 effective January 2, 2001.

In accordance with the provisions of the DC-ADM 804, VI D, 1, a proper appeal to final review should include photocopies of the Initial Grievance, Initial Review, the Appeal to the Facility Manager, and the Facility Manager's decision. The text of your appeal to this office shall be legible, presented in a courteous manner, and the statement of facts shall not exceed two (2) pages.

You have failed to include your appeal to the Superintendent and the Superintendent's response to your appeal.

Review of the record reveals that your appeal is incomplete. An appeal at this level will not be permitted until you have complied with all procedures established in DC ADM 804.

Sincerely,

Tshanna Kyler
Tshanna C. Kyler
Administrative Assistant

File

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

May 16, 2001

Kim Smith, CT-2162
SCI Coal Township

RE: DC-ADM 804 – Final Review
Grievance No. COA-0250-01

Dear Mr. Smith:

This is to acknowledge receipt of your letter to this office. Upon review of your letter, it is the decision of this office to file your letter without action because you have failed to comply with the provision(s) of the revised DC-ADM 804 effective January 1, 2001.

In accordance with the provisions of the DC-ADM 804, VI D, 1, a proper appeal to final review should include photocopies of the Initial Grievance, Initial Review, the Appeal to the Facility Manager, and the Facility Manager's decision. The text of your appeal to this office shall be legible, presented in a courteous manner, and the statement of facts shall not exceed two pages.

Review of the record reveals that your appeal is incomplete. You have failed to provide this office with the required documentation that relates to your appeal. An appeal at this level will not be permitted until you have complied with all procedures established in DC-ADM 804. Any further correspondence from you regarding this grievance, which does not contain the required documents needed to conduct final review, will result in a dismissal of your grievance.

Sincerely,

Tshanna Kyler

Tshanna C. Kyler
Administrative Assistant

TCK/ms

cc: Superintendent Gillis
Grievance Office
Central File

"Our mission is to protect the public by confining persons committed to our custody in safe secure facilities, and to provide opportunities to inmates to acquire the skills and values necessary to become productive law-abiding citizens; while respecting the rights of crime victims."

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

May 31, 2001

Kim Smith, CT-2162
SCI Coal Township

RE: DC-ADM 804 – Final Review
Grievance No. COA-0282-01

Dear Mr. Smith:

This is to acknowledge receipt of your letter to this office. Upon review of your letter, it is the decision of this office to file your letter without action because you have failed to comply with the provision(s) of the revised DC-ADM 804 effective January 1, 2001.

In accordance with the provisions of the DC-ADM 804, VI D, 1, a proper appeal to final review should include photocopies of the Initial Grievance, Initial Review, the Appeal to the Facility Manager, and the Facility Manager's decision. The text of your appeal to this office shall be legible, presented in a courteous manner, and the statement of facts shall not exceed two pages.

Review of the record reveals that your appeal is incomplete. You have failed to provide this office with the required documentation that relates to your appeal. An appeal at this level will not be permitted until you have complied with all procedures established in DC-ADM 804. Any further correspondence from you regarding this grievance, which does not contain the required documents needed to conduct final review, will result in a dismissal of your grievance.

Sincerely,

Tshanna Kyler

Tshanna C. Kyler
Administrative Assistant

TCK/ms

cc: Superintendent Gillis
Grievance Office
Central File

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

December 13, 2000

Kim Smith, CT-2162
SCI Smithfield

Re: DC-ADM 804 - Final Review
Grievance No. SMI-0413-00
SMI-0417-00

Dear Mr. Smith:

Your appeal of the above-referenced grievances has been received by this office for review. However, our inquiry into this matter reveals that you have not yet appealed to the Superintendent of your institution as required by DC-ADM 804, VI D, 2. Until this appeal is completed, final review cannot be granted. Upon receiving the response from your appeals to the Superintendent, you may once again submit a timely written appeal for final review.

This response does not grant you a right to an appeal if it would otherwise be untimely to pursue that appeal. However, in evaluating the timeliness of any appeal you submit, the time consumed by erroneously directing your appeal to this office may be disregarded at the discretion of the recipient of your next appeal.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ:tck

pc: Superintendent Morgan

(3)
Bulky
Counselor
PLK
CC:

PART II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17011OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

SMI-417

TO: (Name & DC No.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
KIM SMITH CT2162	SCIS	E/A/2029	11/03/00

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance wherein you indicate that you have been unjustly placed into the control unit and that a transfer has been denied.

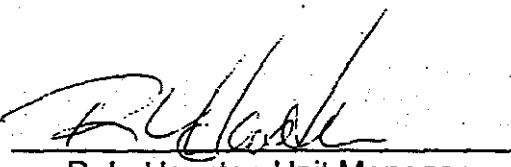
While it is true that PRC had previously denied a transfer request, that decision changed following your day control unit review. I was unaware of PRC's previous stance on this issue and as a result, authorized the circulation of a transfer vote sheet for separation purposes. That recommendation was approved, and a transfer request is pending. My rationale for supporting the transfer was based on the concern for safety of staff. Your refusal to discuss your stance with regard to staff (and your) safety is interpreted by me as an unacceptable risk, and therefore, I support your transfer to the farthest location from your home region.

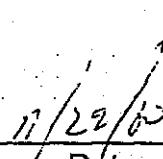
Your placement in the control unit is consistent with policy promulgated by Superintendent Morgan and is less restrictive than placement into administrative custody. Your placement into the unit is viewed as appropriate given your current and past circumstances, and that decision will stand pending the results of our transfer request.

Lastly, you should not consider a transfer (if approved by Central Office) as a solution to your Smithfield difficulties. Your difficulties are a result of your behavior, and that will follow you wherever you go.

rlh/jm

cc: Superintendent Morgan
Major Norris
Captain Glenny
Mr. Royer
DC-14
DC-15
File


R. L. Heaster, Unit Manager


11/22/00
Date

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 5mi-41

TO: GRIEVANCE COORDINATOR <i>Burks</i>	INSTITUTION <i>S.C.I.S.</i>	DATE <i>11-3-</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT 3162</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>E-A-39</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

In Sept. I was told by P.R.C. and A. Zimmerman that I would be transferred. According to A. Zimmerman because I would not cooperate and advise her of my intent towards C.O. Why is that I would not be transferred. How could Zimmerman expect me to incriminate myself for a issue such as this then punishes me by placing me on control unit, and deny transfer, for reason. Claiming I refused transfer, which I did not, I want a of the place in the worse way. Why am I being punished as it is cruel to hold me on C/U based on A. Zimmerman expectation that I must cooperate and incriminate myself and inform her of my intent, based on this idealism. If I do not to be transferred see am I being held on C/U. and is such justifiable (see attached)

B. Actions taken and staff you have contacted before submitting this grievance:

A. Zimmerman, Lt. Shoop, Burasio, Lt. May, Easter, Ms. Howell, D. Williamson.

Your grievance has been received and will be processed in accordance with DC-ADM 804.



DC-804

Part II

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA 17011

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

SMI-413-00

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
Smith, Kim CT2162	SCIS	EA 2029	11-10-00

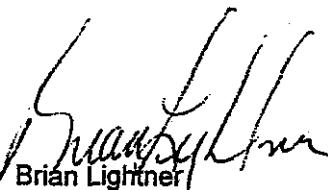
The following is a summary of my findings regarding your grievance:
 In inmate Smith's grievance, he states that he is being denied idle pay because he is in the control unit and through no fault of his own he is being denied idle pay.

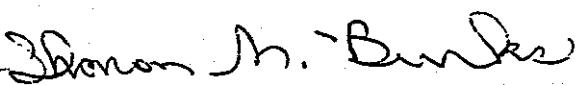
Inmate Smith, CT2162, is not receiving maintenance payroll (idle pay) because on June 14, 2000 he received a misconduct and was removed from his job by the hearing examiner, also on June 16, 2000 he received a Class I Category A misconduct. As per the following DC ADM 816 F (2) any employed inmate found guilty of a Class I Category A misconduct shall be removed from his work assignment. DC ADM 816 I (1) Inmates who do not have a work assignment, including education, through no fault of their own are eligible to receive a daily allowance. Inmate Smith does not have a job due to his behavior and subsequent job removal. Also DC ADM 816 I (3) Inmates who are terminated from a work assignment are ineligible for a daily allowance until unit team action or reassignment.

DOC policy and procedures have been properly followed in regards to inmate Smith's job removal and loss of maintenance payroll. The employment office will continue to provide assistance to inmate Smith's pursuit of employment provided it is within the guidelines set forth in DC ADM 816.

Category: Work

cc: Superintendent Morgan
 Major ~~Tennis~~
 Captain Glenny
 Mr. Royer
 DC-15
 File


 Brian Lightner
 Employment Officer
 11-22-00

Refer to DC-ADM 804, Section VII for instructions on grievance system appeal procedures	SIGNATURE OF GRIEVANCE COORDINATOR	Date
		11/22/00

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 413
 Smi - ~~5~~

TO: GRIEVANCE COORDINATOR <i>Sharon M. Barker</i>	INSTITUTION <i>SCI S</i>	DATE <i>11-10-00</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT 916-2</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>E-A-89</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I have been advised that I can not get idle pay because of on control unit. Through my self that my own C. Zimmerman determined the denial after forward this placement claiming I would not segregate, and informed of my intent toward C. Whiting. I told her I intended to see him, and it appears not to be good enough for her standard or expectation of this issue. Through no fault of my own, for being denied idle pay, she no control over staff opinionated determination, and being held in a unit based on their determination, it would appear not to be my fault idle pay is being denied. How Dept in done to the date and forward. This conference on Control Unit is not my fault and I am being denied idle pay.

B. Actions taken and staff you have contacted before submitting this grievance:

Biviano, A. Zimmerman, Ghester, Employment Office

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Barker

Signature of Grievance Coordinator

11/15/00

Date

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth Department
<p>INSTR!</p> <p>Complete items number 1-8 preparing your request, it can be prompt and intelligently.</p> <p>Sharon - Continue Unit review Should occur in mid - Dec.</p> <p>Print</p>		
1. To: (Name and Title of Officer) <i>P.R.C.</i>	2. Date:	
3. By: (Print Inmate Name and Number) <i>Tim Smith C-3162</i> <i>Tim Smith</i>	4. Counselor's Name <i>C. Zimmerman</i>	
	5. Unit Manager's Name <i>Heater</i>	
6. Work Assignment <i>N/A</i>	7. Housing Assignment <i>F-A-79</i>	
8. Subject: State your request completely but briefly. Give details. <p>When I was P.R.C. it was determined that an investigation into my claim would be done. There is no fault of my own about being held on C/I. And S. Zimmerman, Capt. Kell, not as a transfer because I will not complete with her and talk to her about what I want towards C.O. Why does the Capt. keep her at extended time because she not demonstrated any behavior that would expect a transfer on C/I as my reasoning may see that not demonstrate me as being a problem. But my past behavior does not prove me as being a problem, in fact.</p> <p>There is no fault of my own and determination beyond my power why am I being denied it, say. Being passed this issue to C. Zimmerman, Heater, Employment, Recruit</p>		
9. Response: (This Section for Staff Response Only) <p><i>Mr. Smith -</i></p> <p>I'm not sure I understand your request step as it is difficult to read. I will attempt to answer as best I can. Capt. Kell's investigation found no reason for you to be transferred. You have continued to make verbal threats of what you might do if returned to general population. Therefore, you are in the control unit. The other alternative would be to maintain you in AC Stat. If you can convince your unit team that you will return to population without incident, PRC would certainly consider releasing you through the vote sheet process.</p>		
To DC-14 CAR only <input checked="" type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name

Print

FR Dyer
Sign

Date

11/15/00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

December 13, 2000

Kim Smith, CT-2162
SCI Smithfield

Re: DC-ADM 804 - Final Review
Grievance No. SMI-0353-00

Dear Mr. Smith:

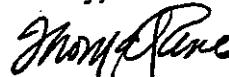
This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, VI D, as amended effective November 1, 1997, I have reviewed the entire record of this grievance; including your initial grievance, the Grievance Officer's response, your appeal from initial review and the Superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. I find the issues raised for final review have been addressed by the Grievance Coordinator and the Superintendent, and their responses are reasonable and appropriate.

I concur with the responses already provided at the institution level. Accordingly, your appeal to final review must be denied.

Sincerely,


Thomas E. James
Chief Grievance Coordinator

(3)

TLJ:tck

pc: Superintendent Morgan

CC: Bunk
Counselor
PL

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI-Smithfield
Superintendent's Office
November 2, 2000

SUBJECT: Appeal of Inmate Grievance #SMI-353-00

TO: Kim Smith, CT-2162
H/2

FROM: James M. Morgan
Superintendent

The following is in response to your appeal dated October 5, 2000, received on October 10, 2000, of the grievance officer's response to you with reference to the above noted inmate grievance. After review of your original grievance and your appeal, and the response provided by Major Norris, please be advised that your appeal is denied and the findings of the grievance officer are sustained in full.

JMM:ACB:sdw

cc: Deputies (2)
Major Norris
Mrs. Burks
DC-15
File

DC-804**PART II**

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17011**

**OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE**

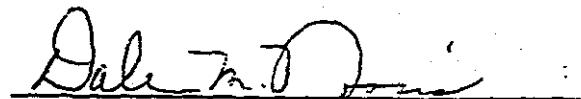
SMI - 353-00**GRIEVANCE NO.**

TO: (Name & DC #)	INSTITUTION	QUARTERS	GRIEVANCE DATE
CT-2162 Smith	SCI-Smithfield	H/2/32	9/26/00

For your information policy 6.5.1 Administration of Security Level 5 Housing Units became effective September 1, 2000, by the authority of Martin F. Horn, Secretary of Corrections.

The policy requires the institution to issue the RHU Inmate Handbook to inform inmates of the rules and regulation of the RHU. Also, part of the policy requires the Major of the Guard and the Deputy for Facility Management to review/revise the handbook annually. That is the reason for the signature on the front of the handbook.

In that no policy has been violated, your grievance is denied.



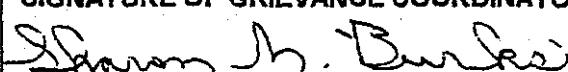
Dale M. Norris
Major of the Guard

Category: Search

cc: **Superintendent J. Morgan**
Captain R. Glenny
DC 15
File

Refer to DC-ADM 804, Section VIII,
for instructions on grievance
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR



DATE

10/31/00

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

5m - 35

TO: GRIEVANCE COORDINATOR <i>Mr. Banks</i>	INSTITUTION <i>S.C.I.S</i>	DATE <i>9-26-01</i>
FROM: (Commitment Name & Number) <i>Linn Smith CT 3162</i>	INMATE'S SIGNATURE <i>Linn Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>H-2-32</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

at IT-A-1 new R.H.U. Policy is unconstitutional as Hale V Morris, Major of the Guard, & John A. Crowley Deputy Facility Management are not Policy makers for the D.O. and this is not a statewide policy and to act as policy makers for the D.O. C is an abuse of power and illegal. file # 35301 (1)(d) as I'm not on death row, and this institution has no right enforcing such policy on me since I'm not under status of capital punishment. As a Federal protected and state protected citizen as well as a liberty interest to be free from this type of punishment must be a clear showing of 8th amendment, discrimination, policy of Practice, Due Process, Unjustifiable punishment & cruel & unusual

B. Actions taken and staff you have contacted before submitting this grievance:

Major Morris 4th Floor 1st January Sgt Banks

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Banks

Signature of Grievance Coordinator

10/2/01

Date

DC-ADM 804, Inmate Grievance Sj

DC-804
Part 2m
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

Attachment B

COA

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

SMI-032-01

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Kim Smith CT-2162	SCI-Smithfield	H/B	1/05/00

The following is a summary of my findings regarding your grievance:

You are indicating that the Corrections Health Care Administrator has denied you the use of the C-Pap device. You state you never refused to use this instrument.

Disposition:

I am answering this request without the medical record. You have been transferred to another institution to which the medical record has been forwarded. What I remember of this situation is that you were placed in the Restricted Housing Unit. Medical staff observed that you had sufficient length of electrical cord on the device to plug into the electrical socket and use the device. You were not satisfied with this, therefore, you chose not to utilize the device for several months. You bring up the issue of an extension cord. Since it was determined that the device was useable without the extension cord, an extension cord was not provided. I also remember that before you got to the RHU there was a signed refusal on the medical record to use the machine. Several months without the use of the machine produced no problems for you, therefore, Dr. Long discontinued the order for using the machine. This order was generated after I instructed medical staff to review the issue again for reissuing of the machine, prompted by Ms. Hannah's (Unit Manager) request that you wanted the machine again.

Category: Health Care

Cc: Superintendent Morgan
Major Norris
DC-15
File

Print Name and Title of Grievance Officer
George Weaver
Corrections Health Care Administrator

SIGNATURE OF GRIEVANCE OFFICER



DATE

1/12/01

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

Smj-03

TO: GRIEVANCE COORDINATOR <i>S. Banks</i>	INSTITUTION SCI S	DATE 1-05-01
FROM: (Commitment Name & Number) <i>Tim Smith CT2162</i>	INMATE'S SIGNATURE <i>Tim Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>H-B-13</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On 1-04-01 I was told by Mr. Hannah that C-HCA G. Werner stated I refused to use C-Pap device. I did not. On 1-03-01 me and Dr. Polumbo went over medical chart and there was no evidence that I refused such. In June 2000 this device was taken from my property as well as a knee sleeve, and back brace. At that time Werner stated to contact him if I need the device, all request since then have not been addressed and he is now ordering me this health care, since I never refused such, and cells on J-H Block do not have power to use device as well as an extension cord to safely use the device.

B. Actions taken and staff you have contacted before submitting this grievance:

*Dr. Long; Lt. Harry; M. Wallace; C.O. Long
 A. Zimmerman; C.O. Sigel; Mr. Hannah*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Banks

Signature of Grievance Coordinator

1/5/01

Date

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Smithfield
Correction's Health Care Administrator's Office
(814) 643-6520
August 3, 1998

SUBJECT: Grievance SMI-326-98
Kim Smith CT2162

TO: Sharon Burks
Assistant to the Superintendent

FROM: Patricia A. Yarger *ppy*
Corrections Health Care Administrator

Grievance SMI-326-98 has already been sent to the Bureau of Health Care Services at Camp Hill. It is in the process of being reviewed by Dr. Lewis; therefore, I am returning this grievance to you as I have no further comments at this time.

PAY:smm

Attachment

cc: File

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
Mark Burkhardt 8-19-98	
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
Dorothy Smith, C-13162	
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
Kitchen	

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Reason for this request is also concern about your television as well. For Roger, about Morgan regard a grievance I filed for failing denied better care treatment. You should agree it in my desire to have your help on this matter with the required steps can be taken to obtain medical treatment. for this problem itself do not hear from your office in 20 days on this matter, I will consider my grievance desired and that you are enforcing the General of medical treatment for my sleep apnea problem.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

<input type="checkbox"/> TO DC-14 CAR ONLY	<input type="checkbox"/> TO DC-14 CAR AND DC-15 IRS
STAFF MEMBER	DATE

COMMONWEALTH OF PENNSYLVANIA
State Correctional Institution at Smithfield
Office of the Superintendent's Assistant

MEMORANDUM

DATE: August 13, 1998

SUBJECT: VOIDED GRIEVANCE NO. SMI - 326-98

TO: Kim Smith CT2162
I-block
Sharon M. Burks
FROM: Sharon M. Burks
Superintendent's Assistant

The subject grievance that you submitted on 7/29/98 has been voided/ cancelled for the following reason(s):

Since you circumvented the grievance procedure by writing directly to Camp Hill. DR. Lewis, Bureau of Health Care Services, will be responding to your complaint.

cc:

File

08-13

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. SMJ-326-98

TO: GRIEVANCE COORDINATOR <u>Sharon M. Burke</u>	INSTITUTION <u>SCIS</u>	DATE <u>7-29-98</u>
FROM: (Commitment Name & Number) <u>John Smith C-7362</u>	INMATE'S SIGNATURE <u>John Smith</u>	
WORK ASSIGNMENT <u>Kitchen</u>	QUARTERS ASSIGNMENT <u>I-A-39</u>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

After getting a spans, I've study and pulmonary that
Be order a C, pop or over mask during sleep to
help breath during sleep since I was to be and
stop breathing. Using sleep a number of times for
a number of seconds. This prolonged period of not
breathing has a damage effect on my heart, lungs and
liver, so with doctor's indifference they just
ignore and the life threatening aspect. I have
Health, and Dept of Correction refused to treat
this problem, after taking a few assessments
of test to find the problem only to refuse treatment
which is causing me to anguish, pain and suffering of me
and my health.

B. Actions taken and staff you have contacted before submitting this grievance:

Dr. Long, Pet. Office, Health Care at Camp
Hill Central Office. I have not with care
Dr. Long also is not to take those steps to obtain
treatment.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Burke

Signature of Grievance Coordinator

7/31/98

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1451 N. MARKET STREET
ELIZABETHTOWN, PA 17022

OFFICE OF THE
CHIEF HEARING EXAMINER

January 25, 1999

Kim Smith, CT-2162
SCI Smithfield

Re: DC-ADM 804 - Final Review
Grievance No. SMI-0418-97 and SMI-0419-98

Dear Mr. Smith:

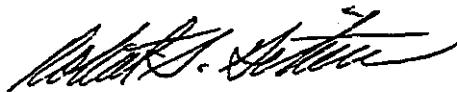
Your request for appeal to final review of the above noted grievance is hereby acknowledged.

In accordance with the provisions of DC-ADM 804, VI, D, as amended effective November 1, 1997, I have reviewed Grievance Nos. SMI-0418-98 and SMI-0419-98 and all documents related to your appeal at the institutional level and this office.

After a careful evaluation of the entire record, it is the decision of this office that your appeal to final review be dismissed. Review of the record reveals that on October 13, 1998, you refused two opportunities to be seen by Dr. Long to discuss the issues raised in your grievance. Having refused to discuss your issues with the Medical Director at initial review, you cannot appeal the response provided at initial review.

For the above stated reasons, your appeal to final review is dismissed.

Sincerely,



Robert S. Bitner
Chief Hearing Examiner

RSB:ph

pc: Superintendent Morgan

CC: Ms. Banks
Counselor (3)
DC-15

Department of Corrections
SCI-Smithfield
Superintendent's Office
December 30, 1998

SUBJECT: APPEAL TO GREIVANCE 418/419-98

TO: Kim Smith CT2162
I Block

FROM: James M. Morgan, Superintendent

This is in response to your appeal of the above subject grievance, wherein you contend that you were not given the opportunity to speak to the medical director regarding the copay issue.

If you had remained in the medical department, you would have received an explanation of the copay charge. However you took it upon yourself to make certain assumptions and left prior to being provided with an explanation. I find no merit to your grievance and it is denied.

**cc: G. Weaver, CHCA
Ms. Burks
DC-15
File**

-DC-804
PART IICOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO. SMI-418-98/SMI-419-98

To: (Name and DC No.)	Institution	Quarters	Grievance Date
Kim Smith CT-2162	Smithfield	I/B 2042-01	10/09/98

The following is a summary of my findings regarding your grievance:

You state you were seen in June or July for a boil and you were charged co-pay. You again signed up in September the same problem and were again charged co-pay. You feel this is abuse of policy. Also, you state you are being denied treatment for sleep apnea.

Disposition:

On 10/13/98, Dr. Long has you scheduled for MD line to discuss both this problem and the perceived problem of medical co-pay. However, you left the Medical Department at 0940 without being seen. At 1015 hours, you were called back to medical and you refused to sign a release of responsibility, and again left medical without being seen. Since you were offered an opportunity to talk with the Medical Director and would not stay to do it, I find no merit in your grievance.

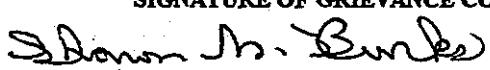
Category: Medical

cc Superintendent Morgan
Major Tennis
Captain Glenny
DC-15
File


 Grievance Officer 10/19/98

Refer to DC-ADM 804, Section VIII for instructions on grievance system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR



DATE

10/22/98

DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-059

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. Smi-4

TO: GRIEVANCE COORDINATOR <u>Sharon B. Banks</u>	INSTITUTION <u>SCI S</u>	DATE <u>10-9-</u>
FROM: (Commitment Name & Number) <u>Lin Smith CT2162</u>	INMATE'S SIGNATURE <u>Lin Smith</u>	
WORK ASSIGNMENT <u>Litter</u>	QUARTERS ASSIGNMENT <u>J-B-42</u>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I disagree with the most treated for a bad assignment
and held work mediation which I was charged on
this problem. Did not clean up before I was trans-
ferred since I agree with both work mediation
and was again charged since this is an ongoing
medical condition, I should not be charged for
light transport. This is a direct erosion of a set
of policy and it calls into question the conduct
of medical personnel and the treatment of inmates
when or until he is able to eventually return to medical
for the same thing and he repeatedly does for the
problem. This kind of abuse should not stand.

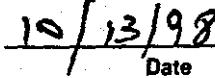
B. Actions taken and staff you have contacted before submitting this grievance:

This date PR. McMiller, Pat Jasper, Mr. Gross
I am right.

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Grievance Coordinator



Date

DEPARTMENT OF CORRECTION
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. SM 1-419-

TO: GRIEVANCE COORDINATOR <u>Barbs</u>	INSTITUTION <u>SCI S</u>	DATE <u>18-9-9</u>
FROM: (Commitment Name & Number) <u>Tom Smith CT 2162</u>	INMATE'S SIGNATURE <u>Tom Smith</u>	
WORK ASSIGNMENT <u>Painter</u>	QUARTERS ASSIGNMENT <u>T-2B-42</u>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I don't see Dr. Long regarding treatment for years. At which time I was told during a bout of sleep apnea breathing 16 times at between 16-25 seconds each. After contacting Warden, Dr. Lewis and other health care person, I find that his medical treatment apoplexy is being denied with deliberate indifference to my health care needs and safety. Why did they take me three days to give treatment because of the dangerous effect it is having on my husband and me, I bring this matter to your attention.

B. Actions taken and staff you have contacted before submitting this grievance:

Warden, Dr. Lewis, Camp Hill, Dr. Lewis, Dr. Long, Sator, Warden Dr. Lewis C.H. Dr. Long and other parties

Your grievance has been received and will be processed in accordance with DC-ADM 804.

I. Diane M. Burke

Signature of Grievance Coordinator

10/13/98
Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1451 N. MARKET STREET
ELIZABETHTOWN, PA 17022

07/19/2001

OFFICE OF THE
CHIEF HEARING EXAMINER

March 14, 2000

Kim Smith, CT-2162
SCI Smithfield

Re: DC-ADM 804 - Final Review
Grievance No. SMI-0005-00, SMI-0029-00 and SMI-0030-00

Dear Mr. Smith:

This is to acknowledge receipt of your appeal to final review of the above numbered grievances.

In accordance with the provisions of DC-ADM 804, VID, as amended effective November 1, 1997 I have reviewed the entire record of these grievances; including your initial grievance, the Grievance Officer's response, your appeal from initial review and the Superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. I find the issues raised for final review have been addressed by the Grievance Coordinator and the Superintendent, and their responses are reasonable and appropriate.

I concur with the responses already provided at the institution level. Accordingly, your appeals to final review must be denied.

Sincerely,


Robert S. Bitner
Chief Hearing Examiner

③

RSB:ph
pc: Superintendent Morgan

cc: Causda
PL-15
MS. Bunk

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

KIM SMITH,

Plaintiff,

Civil Action No. 1:01-0817

v.

JAMES MORGAN, et al.,

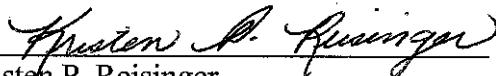
(Judge Caldwell)

Defendants.

(Magistrate Judge Mannion)

VERIFICATION

I, Kristen P. Reisinger, Assistant Chief Grievance Coordinator, with the Pennsylvania Department of Corrections have reviewed the attached Response of the Secretary's Office of Inmate Grievances and Appeals and hereby verify that the information is true and correct to the best of my knowledge, information and belief. I knowingly make this verification according to 28 U.S.C. §1746 relating to unsworn statements.


Kristen P. Reisinger
Assistant Chief Grievance Coordinator
Pennsylvania Department of Corrections

Dated: July 19, 2001

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

KIM SMITH,

Plaintiff,

Civil Action No. 1:01-0817

v.

JAMES MORGAN, et al.,

(Judge Caldwell)

Defendants.

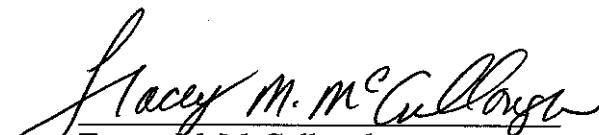
(Magistrate Judge Mannion)

PROOF OF SERVICE

I hereby certify that I have caused to be served upon the below-listed individual the Response of the Secretary's Office of Inmate Grievances and Appeals in the manner indicated below:

Service by first class mail
addressed as follows:

Kim Smith, CT-2162
SCI-Coal Township
1 Kelley Drive
Coal Township, PA 17866-1020


Tracey M. McCullough
Administrative Officer

Pa. Department of Corrections
55 Utley Drive
Camp Hill, PA 17011
(717) 731-0444

Dated: July 19, 2001